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| Case Number: | CM15-0209839 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 05/05/2011 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old male who sustained a work-related injury on 5-5-11. Medical record documentation on 10-6-15 revealed the injured worker was being treated for lumbar radiculopathy and low back pain. He reported low back pain with radiation of pain into the bilateral lower extremities to the level of the feet. He had associated numbness and tingling and rated his pain a 5-6 on a 10-point scale (5 on 9-28-15). An MRI of the lumbar spine on 6-8-12 is documented by the evaluating physician as revealing posterior disc bulges of 40 mm at L1-2 and L4-5, 4-5 mm at both L3-4 and L5-S1 and 5-6 mm at L2-3 with annular fissures in the posterior aspect of the L2-3 through L4-5 discs and central canal narrowing that was mild at L1-2 and L3-4, mild-to-moderate at both L2-3 and L4-5 and moderate at L5-s1; bilateral facet hypertrophy moderate at L2-3 and L5-S1 and mild at L3-4 and L4-5; and bilateral mild L2-3 and L4-5 neural foraminal narrowing. Objective findings included tenderness to palpation in the lumbosacral musculature and over the lumbar spinous processes. His lumbar range of motion elicited pain on flexion and lumbar facet compression test caused pain with referred pain to the buttocks and thighs. He was able to stand on toes and heels with some pain in the back. He had an antalgic gait and stood flexed at the waist. He had decreased sensation to light touch in the L5-S1 distribution bilaterally and Lasegue's test was positive in the bilateral L5-S1 distribution. On 9-28-15 his lumbar spine range of motion was documented as flexion to 50 degrees, extension to 10 degrees and lateral bending 15-20 degrees. On 10-16-15, the Utilization Review physician determined follow-up evaluation with a physiatrist for the lumbar spine and bilateral L5 and S1 lumbar epidural corticosteroid injection under fluoroscopic guidance was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral L5 and S1 Lumbar Epidural Corticosteroid Injection under Fluoroscopic

Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with neck pain that radiates to his right shoulder and bilateral hands, and low back pain which radiates down his bilateral legs and feet. The current request is for Bilateral L5 and S1 Lumbar Epidural Corticosteroid Injection under fluoroscopic guidance. The treating physician's report dated 10/06/2015 states, "The patient returns today with complaints of low back pain that radiates down into his bilateral lower extremities accompanied with numbness/ tingling. His physical examination shows positive neurotension signs with pain radiating into the distribution of the bilateral L5-S1 nerve roots and he also has positive diagnostic imaging findings. He has had great relief with lumbar epidural injections in the past, noting improvement with walking, standing and sitting, as well as sleeping and he is interested in repeating them. His pain has returned to its baseline level and he continues with neurogenic signs and symptoms." The MRI of the lumbar spine from 06/08/2012 showed: 1. Posterior disc bulges of 4mm at L1-2 and L4-5, 4-5mm at both L3-4 and L5-S1 and 5-6mm at L2-3 with annular fissures in the posterior aspect of the L2-3 through L4-5 disks. 2. Bilateral facet hypertrophy which is moderate at both L2-3 and L5-S1 and mild at both L3-4 and L4-5. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The AME report dated 05/21/2015 (104C) notes, "Sometimes in 2013 the patient was evaluated by [REDACTED] X-rays of the neck and low back were obtained. No medications were dispensed. Two epidural injections were administered to his low back and one to his neck. These injections afforded [REDACTED] some short term pain relief." In this case, MTUS Guidelines requires the documentation of at least 50% pain relief for 6 to 8 weeks for patient's requesting repeat blocks. Given the lack of documentation of the required criteria for a repeat block, the current request is medically necessary.

Follow-Up Evaluation with a Physiatrist (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Online Version, Evaluation and Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 13, Follow Up Evaluations.

Decision rationale: The patient presents with neck pain that radiates to his right shoulder and bilateral hands and low back pain, which radiates down his bilateral legs and feet. The current request is for Follow-up evaluation with a physiatrist (lumbar). The treating physician's report dated 10/06/2015 (2B) states, "I would like to see the patient back in six to eight weeks after the above procedure for re-evaluation." The ACOEM Guidelines page 341 supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. In this case, ACOEM Guidelines allow for follow-up evaluations and the request is within guidelines. The current request is not medically necessary.